FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT No. 1215-0188 No. 2215-0188 Expires 07-31-2004

Washington, DC 20210 FOR USE BY LABOR ORGANIZA	ATIONS WITH LES	S THAN \$200,000	IN TOTAL ANNUAL RECEIPTS	Expires 07-31-2004		
This report is mandatory under P.L. 86-257, as amended. Failure to	comply may result	in criminal prosecu	tion, fines, or civil penalties as provided by 29 U	S.C. 439 or 440.		
READ THE INSTRUCT	TIONS CAREFULLY	BEFORE PREPAR	ING THIS REPORT.			
Source of the same	DD COVERED MO DAY	YEAR	3. (a) AMENDED — If this is an amended reportied report, check here:	× ,		
(0CT232003) 12003 5/4-558 From	1001	2001	(b) TERMINAL — If your organization cease terminal report, see Section XII of the in:	a to exist and this is its structions and check here:		
f boston / Soll Silver	on 09 30	2002	(c) SUBSIDIARY — If this is a report for a s your union as defined in Section X of the	ubsidiary organization of		
	8. MAILING AD	DRESS (Type or pr	int in capital letters.)			
IMPORTANT	First Name Mar K	,				
Peel off the address label from the back of the package and place it here.	Last Name					
and place it here.	Eaga	1				
If the label information is correct, leave Items 4 through 8 blank.		ng and Room Numl	har (if any)			
If any of the label information is incorrect, complete Items 4	_		ooi (ii aiy)			
through 8.	1186	4186				
	Number and Str					
4. AFFILIATION OR ORGANIZATION NAME	7 139 1 1	grave	ale Station			
National Treasivy Employees Unload 5. DESIGNATION (Local, Lodge, etc.) 6, DESIGNATION NUMBE	City	·				
5. DESIGNATION (LOCAL, LOGGE, etc.) 6. DESIGNATION NUMBER	Ando	uec				
7 UNIT NAME (if any)	_					
9. Are your organization's records kept at its mailing address?		Code + 4				
(If "No," provide address in Item 56.)	ma e	1810				
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages	properly identified.))				
Hem Number Parent body Auditor # 48 this now includes training	/represe	ntative				
#48 this now includes training	+ All	the OPFI	ce expensel.			
	·- <u>-</u>					
Each of the undersigned, duly authorized officers of the above labor organization, declar	es, under the applica	ble penalties of law,	that all of the information submitted in this report (in	cluding the information contained		
in any accompanying documents) has been examined by the signatory and is, to the be	est of the undersigne	d's knowledge and	peyer, troe, correct, and complete. (See Section V	on penalties in the instructions.)		
I THE THE PARTY OF	RESIDENT 58 other title.	S. SIGNED:	Maze-	TREASURER (If other title,		
10 120 103 (978) 957 - 3365 se	e instructions.)	10/20	12003 (603) 244-10	68 see instructions.)		
Date Telephone Number		Date	Telephone Number	ər		

 During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in Section X of the instructions? 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? 		No X	19. How many members of organization have at the reporting period?20. What is the maximum recoverable under you fidelity bond for a loss any officer or employed organization?	ne end of the amount ur organization's caused by	1525
12. Have a political action committee (PAC) fund?		X	21. During the reporting p organization have any constitution and bylaw	changes in its s (other than	Yes No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?14. Have an audit or review of its books and records by an outside accountant or by a parent body	_ 1	×	(If the constitution and attach two new dated	e instructions?	
auditor/representative?		X	22. What is the date of you next regular election o	ur organization's f officers?	MO YEAR OS 2004
or recovery.) 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or			23. What are your organiz dues and fees? (Enter a minimum and than one rate applies)	I maximum if more	
more as an officer or employee of another labor organization or of an employee benefit plan?		X		Rates of Dues	
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?		*		\$ 8.02-11.85 per_	(Month, Year, etc.)
Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?		٢		\$ \$	
(If the answer to any of the above questions is "Yes," provide in Item 56 on page 1 as explained in the instructions for each			(d) Work Permits	\$ per	(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

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(List all persons who held office during the repo	artina period es	on if	Gross Salary	Allowances	
(A) Name they received no salary or other disbursements	s. Use all capita	al letters.)	(before taxes and	and Other	
		Status	other deductions)	Disbursements	Total
(B) Title (Enter title of officer, such as PRESIDENT or TRI		(C)*	(D)	(E)	(F)
1. MARTIN	SHA	RON	Ø	Ø	Ø
Trilo President		Status C	'	(<u> </u>
2. Carbonneau	Rond	712	Ø	Ø	Ø
THE VICE President		Status C	[
3. Petricca	First Name TIM	Status 🖊	Ø	Ø	Ø
Last Name	First Name	الع المالية			
4. Eagan	Mark		GB 0	550	550
Title Treasurer		Status	····	·	
5. KING	JoAN)	B	Ø	Ø
THE EXECUTIVE COOR	d	Status C		,	
6. ALLEN	First Name	VE	Ø	Ø	Ø
Title Trustee		Status C		· · · · · · · · · · · · · · · · · · ·	
7. Boviton	First Name M / K-	٤	P	d	Ø
Title Trustee		Status			
8. Totals from additional pages (if any)					Ø
9. Totals of Lines 1 through 8					550.00
				10. Less Deductions	Ø
Enter the Total from Line 11 in			Item 45 ➪	11. Net Disbursements	550
*Code for Status (C): past officer — P; continuing officer —	C; new officer of	luring the repor	rting period — N. (If any your or	officer was not elected at a regul	ar election in accordance with , explain in Item 56 on page 1.)

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	lten		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
ES	25.	Cash	11183	27373	32. Accounts Payable	Ø	Ø
PA BET	26.	Loans Receivable	Ø	Ø	33. Loans Payable	Ø	Ø
STATEMENT A	27.	U.S. Treasury Securities	%	Ø	34. Mortgages Payable	Ø	Ø
ATE	28.	Investments	Ø	Ø	35. Other Liabilities	ø	Ø
SSETS	29.	Fixed Assets	Ø	Ø	36. TOTAL LIABILITIES	Ø	Ø
AS:	30.	Other Assets	Ø	Ø	*		i
	31.	TOTAL ASSETS	11183	27373	37. NET ASSETS (Item 31 less Item 36)	11183	27373

	lter	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT	
	38.	Dues	40892	45. To Officers (from Item 24)	550	
SIN	39.	Per Capita Tax	Ø	46. To Employees (less deductions)	Ø	l
EMENTS	40.	Fees, Fines, Assessments & Work Permits	Ø	47. Per Capita Tax	Ø	
T B	41.	Interest & Dividends	Ø	48. Office & Administrative Expense	23902	l
MENT B	42.	Sale of Investments & Fixed Assets	Ø	49. Professional Fees	250	ĺ
STATEME	43.	Other Receipts	Ø	50. Benefits	Ø	
STS/	44.	TOTAL RECEIPTS	40892	51. Contributions, Gifts & Grants	Ø	
CEI	If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.		52. Purchase of Investments & Fixed Assets	ø	l	
=			53. Loans Made	Ø		
			54. Other Disbursements	\mathscr{A}		
			55. TOTAL DISBURSEMENTS	24702	ĺ	

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